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Application Number	09/117,970
Filing Date	08/07/1998
First Named Inventor	Finn et al.
Art Unit	3729
Examiner Name	Arbes, Carl J.
Attorney Docket Number	59276

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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42,532

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<input type="checkbox"/> Firm or Individual Name	Proskauer Rose, LLP		
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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